



RECEIVED  
PATENT

Docket No. 03127817  
29 2003

TECH CENTER 1600/2900

In re: Application of:

MONTGOMERY et al.

Application No.: 09/651,170

Filing Date: August 30, 2000

For: LIGHT ACTIVATED TOOTH  
WHITENING COMPOSITION AND  
METHOD OF USING SAME

Group Art Unit: 1614

Examiner: Shep K. ROSE

#21  
mp  
10/17/03

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

### AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the subject application.

2. Applicant is ☐ a small entity.  
☒ other than a small entity.

3. **Extension of Term:**

☒ Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below:

| Extension<br>(months)                         | Fee for other than<br>small entity | Fee for<br>small entity |
|---|------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> one month | \$110.00                           | \$55.00                 |
| <input type="checkbox"/> two month            | \$410.00                           | \$205.00                |
| <input type="checkbox"/> three month          | \$930.00                           | \$465.00                |
| <input type="checkbox"/> four month           | \$1,450.00                         | \$725.00                |
| <input type="checkbox"/> five month           | \$1,1970.00                        | \$985.00                |

FEE: \$110.00

OR

09/24/2003 EAREGAY1 00000026 09651170

02 FC:1251

110.00 OP

- ☐ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

4. The fee for claims has been calculated as shown below:

|                                  |                                    |               | Small entity |                | Large Entity |                |
|----------------------------------|------------------------------------|---------------|--------------|----------------|--------------|----------------|
| Claims remaining after amendment | Highest number previously paid for | Present Extra | Rate         | Additional Fee | Rate         | Additional Fee |
| Total<br>25                      | 25                                 | x 0           | \$9.00       | = \$           | \$18.00      | \$0            |
| Independent<br>4                 | 4                                  | x 0           | \$42.00      | = \$           | \$84.00      | \$0            |
| Multiple Dependent Claim Fee:    |                                    |               |              | = \$0.00       |              | \$0.00         |
| Total Additional Fee             |                                    |               |              | = \$           |              | = \$0          |

- ☒ No additional fee for claims is required.

5. Fee Payment/Deficiency

- ☒ Attached is a check in the amount of \$110.00
- ☐ Authorization is hereby made to charge the amount of \$ to Deposit Account No. 13-0019
- ☒ Charge any additional or deficient fees required by the paper or credit any overpayment to Deposit Account No. 13-0019. A duplicate paper is attached for this purpose.

Respectfully Submitted,

Christine M. Rebman  
Christine M. Rebman  
Reg. No. 50,546

Date: September 17, 2003

**CUSTOMER NUMBER 26565**  
**MAYER, BROWN, ROWE & MAW LLP**  
P.O. Box 2828  
Chicago, IL 60609-2828  
Telephone: (312) 701-7174  
Facsimile: (312) 706-9000